

Table 1. III Utilization by Academic Cohort

Individualized Interactive Instruction (III)	Academic Cohort				
	Class of 2014 (n=15)	Class of 2015 (n=14)	Class of 2016 (n=14)	Class of 2017 (n=14)	Class of 2018 (n=14)
Mean Total Residency III Hours [CI 95%]	67.99 [42.37-93.61]	84.71 [56.90-112.52]	83.8[63.31-104.28]	79.75[57.85-101.65]	100.92[72.08-129.76]
Mean Retrospective Lecture & Evaluation [CI 95%]	58.89[48.57-69.21]	76[62.41-89.59]	73.3[61.41-85.19]	43.26[32.86-53.68]	32.16[22.88-41.44]
Mean FOAMed [CI 95%]	0	0	0.29 [0.15-0.49]	16.34[9.04-23.64]	41.12[27.09-55.15]
Mean Online Resources [CI 95%]	0.5[0-1.09]	0	0	0	5.29[3.29-7.29]
Mean National & Local Conference & Evaluation [CI 95%]	3.6[2.09-5.11]	6.86[4.93-8.79]	5.54[2.87-8.21]	14.43[10.09-18.77]	13.21[8.88-17.54]
Mean Ultrasound [CI 95%]	1.53[0.76-2.3]	0	0	0.46[0.09-0.83]	0
Mean Simulation & Innovative Teaching Format [CI 95%]	3.47[2.09-4.85]	1.86[1.39-2.33]	4.68[2.42-6.94]	2.68[2.19-7.54]	3.21[2.65-3.77]
Mean Board Review [CI 95%]	0	0	0	1.5[0.33-2.67]	1.79[0.91-2.77]

20 Hiring for Attitude

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Background: No interview tool has yet been identified to adequately predict a candidate’s propensity for success or fit within a residency program. Additionally, interpreting candidates’ responses is largely based on interviewer feelings or gestalt, which is fraught with many confounders and susceptible to significant bias.

Objectives: We set out to identify a series of questions that could objectively predict future success of interview candidates at our program, regardless of changes in the interviewer line-up. We expected that thoughtful, targeted, objective questions could reliably predict performance as gauged by clinical competency committee (CCC) Milestone achievement.

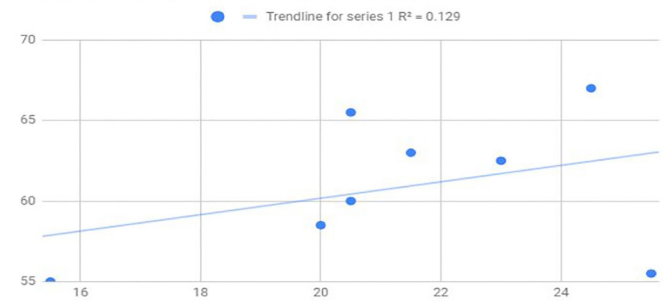
Methods: Our program is a relatively new emergency medicine residency at a community hospital. This observational study was designed using the steps outlined in *Hiring for Attitude (HFA)* by Mark Murphy et al. We initiated a multistep, team-consensus process to first identify our unique culture. Qualities were identified that best supported that culture. We then created questions to target these qualities and provided a correlating scoring system. The residency class of 2020 cohort was first interviewed using traditional interview questions and their rank order list created by gestalt. In their first weeks as interns, this same class was re-interviewed with the *HFA* questions. One year later, we compared the scores from the interview tool against the residents’ in-service exam scores, CCC Milestone scores, and original rank list standing, assessing for areas of correlation using a Pearson R score and plotted on a scatter plot.

Results: For the class of 2020, we found a positive correlation between their *HFA* scores and their Milestone performance ($R = 0.359$). There was a very weakly negative correlation between their position on the rank list and their Milestone performance ($R = -0.046$). Interestingly, we also found a negative correlation between their *HFA* performance and their in-service performance ($R = -0.18$).

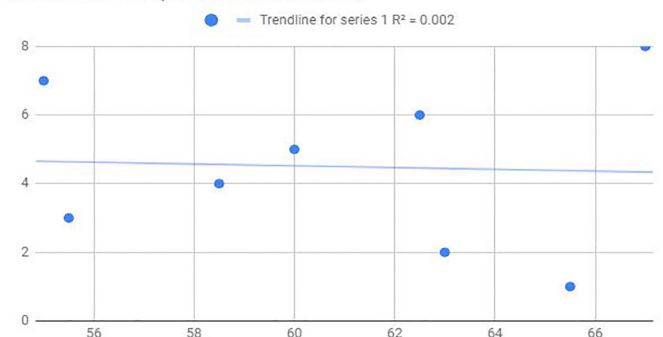
Conclusion: We found a positive correlation between our *HFA* questions and Milestone performance. While our results

at this time are not statistically significant due to our low $N = 8$, if this trend were to continue for the next two years, an $N = 24$ would likely yield statistical significance.

HFA Score compared to CCC/milestones



rank order compared to milestones



21 Correlating SLOE Rankings with EM Match Status: Is a Lower-Third SLOE a No-Go?

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Background: The Standardized Letter of Evaluation (SLOE) is consistently ranked as the most important application component by program directors. The SLOE

provides a uniform assessment of student performance, regardless of rotation site. Despite its perceived importance, no prior research has actually correlated objective SLOE performance data with final match status.

Objectives: The purpose of this study was to determine whether lower-third performance on the SLOE global assessment (GA) was predictive of final match status, with the hypothesis that a lower-third ranking would be associated with an increased risk of not matching into emergency medicine (EM).

Methods: We conducted a retrospective cohort study evaluating Liaison Committee on Medical Education (LCME) applicants to a single EM residency program in the mid-Atlantic region during the 2018 match cycle. GA SLOE rankings from all applications were extracted and compared to National Resident Matching Program (NRMP) data for each applicant on match outcome. We conducted comparative analyses between SLOE groupings and calculated odds ratios (OR).

Results: A total of 919 SLOEs were reviewed from 364 applicants, representing 20% of all EM applicants for the 2018 match cycle. Of these, 93 applicants (26%) had one GA ranking in the lower third, which significantly decreased an applicant’s odds of matching in EM by 79% (OR 0.21, 95% confidence interval [CI], 0.11-0.39). Additionally, 11 applicants (3%) had two or more lower-third rankings, decreasing the odds of an EM match by 92% (OR 0.08, 95% CI, 0.02-0.30).

Conclusion: This study was the first to evaluate the effect of SLOE GA ranking on matching into an EM residency. One or more lower-third rankings on the GA significantly reduced an applicant’s chances of matching into an EM program. Given the strong correlation between lower-third GA ranking and a non-match in EM, EM faculty advisors, while keeping the confidentiality of the SLOE in mind, may want to consider ongoing review of EM applicant files during the SLOE upload timeframe and strongly advise students with lower-third GA rankings to use a parallel plan. Potential limitations of this study include the use of data from a single program during a single application cycle, without the identification of specific performance factors that place students in the lower-third GA.

	Match (%)	No Match (%)
All applicants	306 (85)	52 (15)
Applicants with No Lower Third	242 (91)	23 (9)
Applicants with 1 Lower Third	60 (73)	22 (27)
Applicants with More than 1 Lower Third	4 (36)	7 (64)

Figure 1. Percentage of students successfully matching into EM residency, categorized by the number of lower third GA rankings in the SLOE. (Note: Six applicants did not have any SLOE data as part of their application and are not represented above.)

22 Decreasing Stroke Alerts in the Emergency Department: A Lesson in Resource Utilization

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Background: Stroke code activations are a valuable tool in providing prompt care to stroke patients who may be eligible for treatments such as tPA and endovascular interventions. However, stroke codes involve the immediate attention of many members of the healthcare team and significant hospital resources. The National Institutes of Health Stroke Scale (NIHSS) is commonly used to evaluate stroke severity; however, even patients with an NIHSS score of zero can have ongoing neurologic symptoms and disability. Confusion over the goals of stroke codes and the appropriate situations for their use may contribute to unnecessary activations.

Objectives: The purpose of this analysis was to evaluate the frequency of stroke code activations in situations where activating a stroke code provides little potential benefit in terms of therapeutic options over a non-emergent neurology consult.

Methods: We reviewed the records for all emergency department (ED) stroke code activations over the first five months of 2018, looking specifically at cases with an NIHSS score of zero. Within this pool, we identified cases where the patient was documented as being asymptomatic during initial ED evaluation as their symptoms had resolved (transient ischemic attack), as well as those who had been symptomatic for over 24 hours and were outside the therapeutic window. These patients were not eligible for emergent therapeutic intervention. Thus, these were cases in which a stroke code activation was avoidable.

Results: Of the 120 stroke codes with an NIHSS of zero, 39 (32.5%) involved patients whose symptoms had completely resolved prior to arrival. Another three cases involved patients who had been symptomatic for over 24 hours and were outside the therapeutic window. Thus, of the stroke code activations with an NIHSS of zero in this time period, 42 (35%) were avoidable as these patients would not have been considered candidates for emergent treatment.

Conclusion: Clarification and reinforcement of appropriate criteria for stroke code activation have the potential to reduce overutilization of resources in situations unlikely to affect acute therapeutic management. Addressing this would allow for a reduction in the burden on healthcare professionals and ED resources.

